



APPLICATION FOR CREDIT

BUSINESS INFORMATION

Legal Name:	Date Established:	
Operating As:		
Address:	City:	Prov:
Postal Code:	Phone:	Fax:
Billing Address (if different from above):		
Address:	City:	Prov:
Postal Code:	Phone:	Fax:
Contact Person:	Title:	
Type of Business:	Purchase Order Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Credit Required: \$		
HST #:		
Company is:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

BANKING INFORMATION

Banking Institution:	Account #:	
Address:	City:	Prov:
Postal Code:	Phone:	Fax:
Banking Contact Name:	Title:	

BUSINESS REFERENCE

1. Company Name:	Address:
Contact:	Phone:
1. Company Name:	Address:
Contact:	Phone:
1. Company Name:	Address:
Contact:	Phone:

AUTHORIZATION FOR APPLICATION

Terms: <input type="checkbox"/> 15 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days
Credit Limit Required: \$

(Signature below authorizes THE CUTTING CREW to verify any banking information provided for credit application purposes)

Authorized Signature:	Title:	Date:
Print Name:		

CUTTING CREW USE ONLY

Credit Limit Established: \$	
Terms: <input type="checkbox"/> 15 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days	Customer Account #
Authorized Signature:	Title: Date:

4150 WATLING STREET BURNABY BC V5J 1V2 Fax: 604-436-2676

